Health Care Authority - Basic Health 2011 Contract

Exhibit 9: Paid Claims Data Reporting

MINIMUM REPOSITORY DATA LOADING REQUIREMENTS

	Exhibit 9 - BH 2011 Paid Claims Data Instructions		
	Prefer all data tables sent as delimited text files		
	Prefer all ("Paid", "Denied", etc.) claims and service line detail information.		
Required	- Claim ID (unique claim identifier)		
Required	- Claim or Service Line Number		
Required	- Member ID (or Patient ID)		
Required	- Claim Status (overall claim status <i>and</i> claim service line status)		
Required	- Form Type (for example: UB92, HCFA, ADA, Drug, etc.)		
•	- Encounter Type (identifies whether capitated or statistical claim)		
Required	- Billing Provider ID		
Required	- Attending Provider ID		
	- Referring Provider ID		
	- Admitting Provider ID		
Required	- Admit Date (for hospital claims)		
Required	- Discharge Date (for hospital claims)		
Required	- Service From Date		
•	- Service To Date		
	- Length of Stay (for inpatient claims)		
Required	- Service Units (Quantity)		
Required	- DRG (for inpatient claims)		
Required	- Primary ICD-9 Diagnosis Code		
	- Additional ICD-9 Diagnosis Codes (up to 5 additional codes, if available)		
	- ICD-9 Procedure Code (up to 8, if available)		
Required	- Hospital Revenue Codes		
Required	- Procedure Code (CPT-4, HCPCS, NDC as applicable for each service line)		
Required	- Procedure Code Modifier (as applicable)		
Required	- Place of Service		
Required	- Billed Amount		
	- Discount Amount		
	- Disallowed Amount		
Required	- Allowed Amount		
Required	- COB/TPL Payment Amount		
Required	- Copayment Amount		
Required	- Coinsurance Amount		
Required	- Deductible Amount		
	- Withhold Amount		
Required	- Paid Amount		
Required	- Claim Paid/Check Date (for paid claims)		
Required	- Claim Received Date		
Required	- Claim Entry Date		
Required	- Service Post Date (for paid or denied claims)		

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Exhibit 9: Paid Claims Data Reporting

MINIMUM REPOSITORY DATA LOADING REQUIREMENTS

Claims Data Discharge Status Admit Type Admit Source Claim Adjudication Code PCP Provider ID Pharmacy Claims Prefer all ("Paid", "Suspended", "Pended", "Denied", etc.) claims and service line detail information. Required Claim ID (unique claim identifier) Claim or Service Line Number (if available) Required Amber ID (or Patient ID) Required Prescription Fill Date Required National Drug Code (NDC) Required National Drug Code (NDC) Required Number of Scripts New / Refill Code Days Supply Required Billed Amount Required Allowed Amount Colsurrance Amount Deductible Amount Deductible Amount Required Paid Amount Prequired Paid Amount Deductible Amount Deductible Amount Deductible Amount Prequired Paid Amount Prequired Prequired Paid Amount Prequired				
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Required - Subscriber ID Required - Gender	· ·	` <u> </u>		
Required - Gender	·			
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	Required	- Birth date		

Health Care Authority - Basic Health 2011 Contract

Exhibit 9: Paid Claims Data Reporting

MINIMUM REPOSITORY DATA LOADING REQUIREMENTS

	- Member Name	
	- Member Address	
	- PCP ID (if applicable)	
Required	- Member Effective Date (beginning of coverage event)	
Required	- Member Termination Date (end of coverage event, if applicable)	

	Reference Table Requests	
Required	 Provider Specialty Codes Table 	
	- Claim Status Codes Table	
	 Claims Adjudication Codes Table 	
Required	- Provider Table	

